Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/450, SSA												7	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER	
FOR			NUMBER FILED		NUMBER EXTRA		1	RATE	FEE	1	RATE	FEE	
BASIC FEE										345.00	OR		690.00
TO	TAL CLAIMS		73 minus 20=			. 3			X\$ 9=		OR	X\$18=	54
-	EPENDENT CI	8	minus 3 =		1 5			X39=		OR	X78=	74	
MU	MULTIPLE DEPENDENT CLAIM PRESENT () CANH								+130=		OR	+260=	
. "	* If the difference in column 1 is less than zero, enter *0* in column 2							ŧ	TOTAL		OR	TOTAL	1134
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL	
ENT A		REN	AIMS IAINING FTER NOMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total	• /	15_	Minus	:	23.	=		X\$ 9=	·	OFI	X\$18=	
AMEN	independent	•	3	Minus	••	<u> </u>	•	ſ	X39=		OR	X78=	
H	FIRST PRESENTATION OF MULTIPLE D					DENT CLAIM		I	+130=		OR	+260=	
			_					Ł	TOTAL		OR	TOTAL	
4	522		umn 1)_		. (0	Column 2)	(Column 3)	•	DDIT. FEE		,,	ADDIT. FEE	
ENT B		REA	AIMS IAINING FTER NOMENT		۵	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total	· /	04	Minus Minus JLTIPLE DEF	***	<u> 23</u>	=		X\$ 9=		OR	X\$18=	
AME	Independent	-					l=		X39=		QR	X78=	
H	FIRST PRESC	1412411	or or me	CHIPCE DE	Citi	JETT COMM		ſ	+130=		OR	+260=	
								A	TOTAL DDIT. FEE		OR	YOYAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)												•
ENT C		REN	AINS IAINING FTER IDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI-, TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMEN	Total	•		Minus	••				X\$ 9=		OR	X\$18=	
AME	Independent	٠		Minus	•		-	ŀ	X39=		OR	X78=	
Ĥ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=		OR	+260=	
.,	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.											TOTAL	
												ODIT. FEE	
	The "Highest Num	iber Pro	viously Pai	d For" (Total o	inde	pendent) is the	nighest number	IOUN	na nu nue sobt	impriale box	in col	umn I.	

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